

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)				Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): <b>Moras, Jacqueline S</b>			Name of Joint Debtor (Spouse) (Last, First, Middle):		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>xxx-xx-6256</b>			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):		
Street Address of Debtor (No. and Street, City, and State): <b>107 Dickinson Ct Vernon Hills, IL</b>			Street Address of Joint Debtor (No. and Street, City, and State):		
ZIP CODE <b>60061</b>			ZIP CODE		
County of Residence or of the Principal Place of Business: <b>LAKE</b>			County of Residence or of the Principal Place of Business:		
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):		
ZIP CODE			ZIP CODE		
Location of Principal Assets of Business Debtor (if different from street address above):					
ZIP CODE					
<b>Type of Debtor</b> (Form of Organization) (Check one box.)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) See Exhibit D on page 2 of this form.  <input type="checkbox"/> Corporation (includes LLC and LLP)  <input type="checkbox"/> Partnership  <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		<b>Nature of Business</b> (Check one box.)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  <b>Tax-Exempt Entity</b> (Check box, if applicable.)  <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box.)  <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  <b>Nature of Debts</b> (Check one box.)  <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.	
<b>Filing Fee</b> (Check one box.)  <input checked="" type="checkbox"/> Full Filing Fee attached.  <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			<b>Chapter 11 Debtors</b>  <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000.  <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).		
<b>Statistical/Administrative Information</b>  <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000					
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					

**Voluntary Petition***(This page must be completed and filed in every case.)*Name of Debtor(s): **Jacqueline S Moras****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet.)

Location Where Filed:

Case Number:

Date Filed:

Location Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor** (If more than one, attach additional sheet.)

Name of Debtor:

Case Number:

Date Filed:

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).

**X** /s/ HAROLD M. SAALFELD  
**HAROLD M. SAALFELD**

03/30/2009  
 Date

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**  
(Check any applicable box.)☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state**Certification by a Debtor Who Resides as a Tenant of Residential Property**  
(Check all applicable boxes.)☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)\_\_\_\_\_  
(Name of landlord that obtained judgment)\_\_\_\_\_  
(Address of landlord)☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

# Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s): **Jacqueline S Moras**

## Signatures

### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ Jacqueline S Moras  
Jacqueline S Moras

**X** \_\_\_\_\_

Telephone Number (If not represented by attorney)

03/30/2009

Date

### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

Date

### Signature of Attorney\*

**X** /s/ HAROLD M. SAALFELD  
HAROLD M. SAALFELD Bar No. **6231257**

**Harold M. Saalfeld, Attorney at Law**  
**25 N. County Street, Suite 2R**  
**Waukegan, IL 60085-4342**

Phone No. **(847) 249-7538** Fax **(847) 406-5032**

03/30/2009

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Address

**X** \_\_\_\_\_

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

Document Page 4 of 52  
**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS**  
**EASTERN DIVISION (CHICAGO)**

In re: **Jacqueline S Moras**Case No. \_\_\_\_\_  
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

Document Page 5 of 52  
B 1D (Official Form 1, Exhibit D) (12/08) UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION (CHICAGO)

In re: **Jacqueline S Moras**

Case No. \_\_\_\_\_  
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

*Continuation Sheet No. 1*

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Jacqueline S Moras  
Jacqueline S Moras

Date: 03/30/2009

In re **Jacqueline S Moras**

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE A - REAL PROPERTY**

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
Citimort - Single Family Home Single Family Home	Fee Simple	-	\$260,000.00	\$219,307.00
Total:			\$260,000.00	

(Report also on Summary of Schedules)

In re **Jacqueline S Moras**

Case No. \_\_\_\_\_  
(if known)

### SCHEDULE B - PERSONAL PROPERTY

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.		Cash on hand	-	\$20.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.		Checking with Bank of America xxxxxxx9842	-	\$44.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		\$186 Security Deposit with N.S. GAS	-	\$186.00
4. Household goods and furnishings, including audio, video and computer equipment.		Household goods and furnishings 2 furnished bedrooms, tv, dvd, wahser, dryer, sofa, misc electrical appliances,	-	\$400.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Wearing apparel	-	\$350.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re **Jacqueline S Moras**

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 1

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			



In re **Jacqueline S Moras**Case No. \_\_\_\_\_  
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 2*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	<b>X</b>			
26. Boats, motors, and accessories.	<b>X</b>			

In re **Jacqueline S Moras**Case No. \_\_\_\_\_  
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 3*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		Sewing machines, scissors, irons, misc seamstress tools of the trade	-	\$1,500.00
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
<b>Total &gt;</b>				<b>\$2,500.00</b>

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

3 continuation sheets attached

In re **Jacqueline S Moras**

Case No. \_\_\_\_\_  
(If known)

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under: ☐ Check if debtor claims a homestead exemption that exceeds \$136,875.  
(Check one box)

- ☐ 11 U.S.C. § 522(b)(2)  
☒ 11 U.S.C. § 522(b)(3)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Citimort - Single Family Home Single Family Home	735 ILCS 5/12-901	\$15,000.00	\$260,000.00
Checking with Bank of America xxxxxxx9842	735 ILCS 5/12-1001(b)	\$44.00	\$44.00
\$186 Security Deposit with N.S. GAS	735 ILCS 5/12-1001(b)	\$186.00	\$186.00
Household goods and furnishings 2 furnished bedrooms, tv, dvd, wahser, dryer, sofa, misc electrical aplliances,	735 ILCS 5/12-1001(b)	\$400.00	\$400.00
Wearing apparel	735 ILCS 5/12-1001(a), (e)	\$350.00	\$350.00
Sewing machines, scissors, irons, misc seamstress tools of the trade	735 ILCS 5/12-1001(d)	\$1,500.00	\$1,500.00
		<b>\$17,480.00</b>	<b>\$262,480.00</b>

In re **Jacqueline S Moras**Case No. \_\_\_\_\_  
(if known)**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT UNLIQUIDATED DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #: <b>2004628585</b>  <b>Citi Mortgage Inc</b> <b>Attention: Bankruptcy Department</b> <b>PO Box 79022, MS322</b> <b>St. Louis, MO 63179</b>	-	DATE INCURRED: <b>08/2007</b> NATURE OF LIEN: <b>Conventional Real Estate Mortgage</b> COLLATERAL: <b>Citimort - Single Family Home</b> REMARKS:  VALUE: <b>\$260,000.00</b>		<b>\$219,307.00</b>	
<b>Subtotal (Total of this Page) &gt;</b>				<b>\$219,307.00</b>	<b>\$0.00</b>
<b>Total (Use only on last page) &gt;</b>				<b>\$219,307.00</b>	<b>\$0.00</b>

      No       continuation sheets attached(Report also  
on  
Summary of  
Schedules.)(If applicable,  
report also on  
Statistical  
Summary of  
Certain  
Liabilities)

B6E (Official Form 6E) (12/07)

In re **Jacqueline S Moras**

Case No. \_\_\_\_\_  
(If Known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. §

☐ **Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease or rental of property or services for personal, family, or household use,

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using

☐ **Administrative allowances under 11 U.S.C. Sec. 330**

Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of

No continuation sheets attached

B6F (Official Form 6F) (12/07)

In re **Jacqueline S Moras**Case No. \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>ADVOCATE GOOD SHEPHERD HOSPITAL</b> <b>P.O. BOX 70014</b> <b>CHICAGO, IL 60673-0014</b>	-	DATE INCURRED: CONSIDERATION: <b>notice only</b> REMARKS: <b>Duplicate of claim by Good Shepherd</b>				<b>\$0.00</b>
ACCT #: <b>09-19568, 08-19576</b> <b>Affiliated Group</b> <b>P.O. Box 7739</b> <b>Rochester, MN 55903</b>	-	DATE INCURRED: CONSIDERATION: <b>Ambulance</b> REMARKS: <b>09-19568, 08-19576</b>				<b>\$2,742.04</b>
ACCT #: <b>Alpine Family Physicians</b> <b>350 Surryse Rd, Ste 100</b> <b>Lake Zurich, IL 60047</b>	-	DATE INCURRED: CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$473.00</b>
ACCT #: <b>ANESTHESIA CONSULTANTS LTD</b> <b>34121 EAGLE WAY</b> <b>CHICAGO, IL 60678-1241</b>	-	DATE INCURRED: CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$770.00</b>
ACCT #: <b>38012337</b> <b>Arrow Financial Services</b> <b>5996 W Touhy Ave</b> <b>Niles, IL 60714</b>	-	DATE INCURRED: <b>04/2007</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS: <b>Collection</b>				<b>\$753.00</b>
ACCT #: <b>0329</b> <b>Bac / Fleet Bankcard</b> <b>PO Box 26012</b> <b>Greensboro, NC 27420</b>	-	DATE INCURRED: <b>06/1997</b> CONSIDERATION: <b>Credit Card</b> REMARKS: <b>Collection</b> <b>Account Closed By Grantor</b>				<b>\$4,886.00</b>
<b>Subtotal &gt;</b>						<b>\$9,624.04</b>
<b>Total &gt;</b>						

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

9 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Jacqueline S Moras**Case No. \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>717</b> <b>Bank Of America</b> <b>NC4-105-03-14</b> <b>4161 Piedmont Pkwy</b> <b>Greensboro, NC 27420</b>	-	DATE INCURRED: <b>05/1997</b> CONSIDERATION: <b>Credit Card</b> REMARKS: <b>Charge Off for \$10853 on 09/08</b> <b>Account Closed By Grantor</b>				<b>\$10,853.00</b>
ACCT #: <b>Best Practices</b> <b>P.O. Box 268</b> <b>Lake Zurich, IL 60047</b>	-	DATE INCURRED: CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$539.00</b>
ACCT #: <b>517805265868</b> <b>Capital 1 Bank</b> <b>Attn: C/O TSYS Debt Management</b> <b>PO Box 5155</b> <b>Norcross, GA 30091</b>	-	DATE INCURRED: <b>06/2006</b> CONSIDERATION: <b>Credit Card</b> REMARKS: <b>Collection</b> <b>Account Closed By Grantor</b>				<b>\$1,048.00</b>
ACCT #: <b>8080456</b> <b>Certified Services Inc</b> <b>PO Box 177</b> <b>Waukegan, IL 60079</b>	-	DATE INCURRED: <b>12/2008</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS: <b>Collection</b>				<b>\$770.00</b>
ACCT #: <b>229390A</b> <b>Certified Services Inc</b> <b>PO Box 177</b> <b>Waukegan, IL 60079</b>	-	DATE INCURRED: <b>04/2008</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS: <b>Collection</b>				<b>\$330.00</b>
ACCT #: <b>375000A</b> <b>Certified Services Inc</b> <b>PO Box 177</b> <b>Waukegan, IL 60079</b>	-	DATE INCURRED: <b>05/2008</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS: <b>Collection</b>				<b>\$250.00</b>
<b>Subtotal &gt;</b>						<b>\$13,790.00</b>
<b>Total &gt;</b>						
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

Sheet no. **1** of **9** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

In re **Jacqueline S Moras**Case No. \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>41631</b> <b>Certified Services Inc</b> <b>PO Box 177</b> <b>Waukegan, IL 60079</b>	-	DATE INCURRED: <b>12/2008</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS: <b>Collection</b>				<b>\$70.00</b>
ACCT #: <b>229390B</b> <b>Certified Services Inc</b> <b>PO Box 177</b> <b>Waukegan, IL 60079</b>	-	DATE INCURRED: <b>09/2008</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS: <b>Collection</b> <b>Account Closed</b>				<b>\$30.00</b>
ACCT #: <b>541065414636</b> <b>Citi</b> <b>Po Box 6241</b> <b>Sioux Falls, SD 57117</b>	-	DATE INCURRED: <b>01/1991</b> CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$21,375.00</b>
<b>Representing:</b> <b>Citi</b>		<b>BLATT, HASENMILLER LEIBSKER &amp; MOORE</b> <b>LLC</b> <b>125 S. WACKER DR. SUITE 400</b> <b>CHICAGO, IL 60606</b>				<b>Notice Only</b>
ACCT #: <b>5424-1808-3859-5152</b> <b>CITICARDS</b> <b>P.O. BOX 688919</b> <b>DES MOINES, IA 50368-8901</b>	-	DATE INCURRED: CONSIDERATION: <b>09sc1688</b> REMARKS:				<b>\$3,389.30</b>
<b>Representing:</b> <b>CITICARDS</b>		<b>BLATT, HASENMILLER LEIBSKER &amp; MOORE</b> <b>LLC</b> <b>125 S. WACKER DR. SUITE 400</b> <b>CHICAGO, IL 60606</b>				<b>Notice Only</b>

Sheet no. **2** of **9** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims**Subtotal >****\$24,864.30****Total >**(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)



In re **Jacqueline S Moras**Case No. \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>5049948128036474</b> <b>CITICARDS</b> <b>P.O. BOX 688901</b> <b>DES MOINES, IA 50368-8901</b>	-	DATE INCURRED: CONSIDERATION: <b>09SC1688</b> REMARKS:				<b>\$3,410.00</b>
<b>Representing:</b> <b>CITICARDS</b>		<b>BLATT, HASENMILLER LEIBSKER &amp; MOORE</b> <b>LLC</b> <b>125 S. WACKER DR. SUITE 400</b> <b>CHICAGO, IL 60606</b>				<b>Notice Only</b>
<b>Representing:</b> <b>CITICARDS</b>		<b>Blitt &amp; Gaines, P.C.</b> <b>661 W. Glenn Avenue</b> <b>Wheeling, IL 60090</b>				<b>Notice Only</b>
ACCT #: <b>CITICARDS</b> <b>P.O. BOX 6413</b> <b>THE LAKES, NV 88901</b>	-	DATE INCURRED: CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$1,063.23</b>
<b>Representing:</b> <b>CITICARDS</b>		<b>BLATT, HASENMILLER LEIBSKER &amp; MOORE</b> <b>LLC</b> <b>125 S. WACKER DR. SUITE 400</b> <b>CHICAGO, IL 60606</b>				<b>Notice Only</b>
ACCT #: <b>CONDELL HOSPITAL</b> <b>755 S. MILWAUKEE AV, Suite 127</b> <b>LIBERTYVILLE IL 60048</b>	-	DATE INCURRED: CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$2,338.00</b>
<b>Subtotal &gt;</b>						<b>\$6,811.23</b>
<b>Total &gt;</b> (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

Sheet no. **3** of **9** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Jacqueline S Moras**Case No. \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>CONSOLIDATED PATHOLOGY CONSULTANT 75 REMITTANCE DR STE 1895 CHICAGO IL 60675-1895</b>	-	DATE INCURRED: CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$414.00</b>
ACCT #: <b>Dr. Ellen Tylkin 708 Florsheim Libertyville, IL 60048</b>	-	DATE INCURRED: CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$350.78</b>
ACCT #: <b>Dr. Josep Deymerjian MD 7505 W. Grand Av Gurnee, IL 60031</b>	-	DATE INCURRED: CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$1,039.00</b>
ACCT #: <b>Dr. Mila &amp; John Kyncl 700 S. Lewis Av, Ste 210 Waukegan, IL 60085</b>	-	DATE INCURRED: CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$1,860.00</b>
ACCT #: <b>Dr. Mohina Gupta 1870 West Winchester Road Suite 248 Libertyville, IL 60048</b>	-	DATE INCURRED: CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$1,800.00</b>
ACCT #: <b>F1000000450175704</b> <b>Federated Fin Corp Of 30955 Northwestern Hwy Farmington Hills, MI 48334</b>	-	DATE INCURRED: <b>03/2006</b> CONSIDERATION: <b>Unknown Loan Type</b> REMARKS: <b>Collection</b>				<b>\$13,791.00</b>

Sheet no. **4** of **9** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims**Subtotal >****\$19,254.78****Total >**(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

In re **Jacqueline S Moras**Case No. \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>9048949</b> <b>Ffcc-columbus Inc</b> <b>1550 Old Henderson Rd St</b> <b>Columbus, OH 43220</b>	-	DATE INCURRED: <b>08/2008</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS: <b>Collection</b>				<b>\$520.00</b>
ACCT #: <b>5452540502912469</b> <b>First Consumers Natl B</b> <b>9300 Sw Gemini Dr</b> <b>Beaverton, OR 97078</b>	-	DATE INCURRED: <b>12/1999</b> CONSIDERATION: <b>Credit Card</b> REMARKS: <b>Charge Off for \$2905 on 08/04</b> <b>Account Closed</b>				<b>\$2,905.00</b>
ACCT #: <b>3607611583</b> <b>Gemb/jcp</b> <b>Attention: Bankruptcy</b> <b>PO Box 103106</b> <b>Roswell, GA 30076</b>	-	DATE INCURRED: <b>03/1984</b> CONSIDERATION: <b>notice only</b> REMARKS: <b>Transferred</b>				<b>Unknown</b>
ACCT #: <b>GOOD SHEPHERD HOSPITAL</b> <b>450 W. HIGHWAY 22</b> <b>Barrington, IL 60010</b>	-	DATE INCURRED: CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$6,000.00</b>
ACCT #: <b>HOME DEPOT CREDIT SERVICES / CITI</b> <b>PROCESSING CENTER</b> <b>DES MOINES, IA 50364-0500</b>	-	DATE INCURRED: CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$518.00</b>
ACCT #: <b>515597001870</b> <b>Hsbc Bank</b> <b>ATTN: BANKRUPTCY</b> <b>PO BOX 5253</b> <b>Carol Stream, IL 60197</b>	-	DATE INCURRED: <b>07/2007</b> CONSIDERATION: <b>Credit Card</b> REMARKS: <b>Collection</b> <b>Account Closed By Grantor</b>				<b>\$1,540.00</b>
Sheet no. <b>5</b> of <b>9</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$11,483.00</b>
<b>Total &gt;</b> (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

B6F (Official Form 6F) (12/07) - Cont.

In re **Jacqueline S Moras**Case No. \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>2740423161</b> <b>Hsbc/carsn</b> <b>Po Box 15524</b> <b>Wilmington, DE 19850</b>	-	DATE INCURRED: <b>08/1981</b> CONSIDERATION: <b>Charge Account</b> REMARKS: <b>unknown balance</b>				<b>Unknown</b>
ACCT #: <b>ICS</b> <b>P.O. BOX 646</b> <b>OAK LAWN IL 60454-0646</b>	-	DATE INCURRED: CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS: <b>original creditor unknown</b>				<b>\$652.00</b>
ACCT #: <b>ILLINOIS DEPARTMENT OF REVENUE</b> <b>100 W. RANDOLPH</b> <b>BANKRUPTCY SECTION LEVEL 7-425</b> <b>CHICAGO, IL 60601</b>	-	DATE INCURRED: <b>2003-4</b> CONSIDERATION: <b>OVERPAYMENT</b> REMARKS:				<b>\$3,677.49</b>
ACCT #: <b>INIFNITY HEALTHCARE</b> <b>9933 N. Lawler, Suite 512</b> <b>Skokie, IL 60077</b>	-	DATE INCURRED: CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS: <b>Transferred to NCO.</b>				<b>Unknown</b>
ACCT #: <b>INTERNAL REVENUE SERVICE</b> <b>MAIL STOP 5010 CHI</b> <b>230 S DEARBORN</b> <b>CHICAGO IL 60604</b>	-	DATE INCURRED: <b>2003-4</b> CONSIDERATION: <b>Taxes</b> REMARKS:				<b>\$35,000.00</b>
ACCT #: <b>Lake Forest ER Physicians</b> <b>c/o Malcolm S. Gerald &amp; Assoc</b> <b>332 S. Michigan Av Ste 600</b> <b>Chicaog, IL 60604</b>	-	DATE INCURRED: CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$601.00</b>
<b>Subtotal &gt;</b>						<b>\$39,930.49</b>
<b>Total &gt;</b>						
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

Sheet no. **6** of **9** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Jacqueline S Moras**Case No. \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>0061178349</b> <b>Lord &amp; Taylor</b>	-	DATE INCURRED: <b>05/01/1981</b> CONSIDERATION: <b>Charge Account</b> REMARKS: <b>PURCHASED BY ANOTHER LENDER</b>				<b>Unknown</b>
ACCT #: <b>6004300911376074</b> <b>Lvnv Funding Llc</b> <b>Po Box 740281</b> <b>Houston, TX 77274</b>	-	DATE INCURRED: <b>10/2007</b> CONSIDERATION: <b>Unknown Loan Type</b> REMARKS: <b>Collection</b>				<b>\$281.00</b>
ACCT #: <b>4375892285620</b> <b>Macys/fdsb</b> <b>Macy's Bankruptcy</b> <b>PO Box 8053</b> <b>Mason, OH 45040</b>	-	DATE INCURRED: <b>05/1981</b> CONSIDERATION: <b>Charge Account</b> REMARKS: <b>Collection</b> <b>Account Closed By Grantor</b>				<b>\$300.00</b>
ACCT #: <b>MEDICAL BUSINESS BUREAU</b> <b>1175 DEVIN DR, STE 171</b> <b>NORTON SHORES, MI 49441</b>	-	DATE INCURRED: CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$366.00</b>
ACCT #: <b>8523960420</b> <b>Midland Credit Mgmt</b> <b>8875 Aero Dr Ste 200</b> <b>San Diego, CA 92123</b>	-	DATE INCURRED: <b>06/2007</b> CONSIDERATION: <b>Unknown Loan Type</b> REMARKS: <b>Collection</b>				<b>\$3,391.00</b>
ACCT #: <b>8526151098</b> <b>Midland Credit Mgmt</b> <b>8875 Aero Dr Ste 200</b> <b>San Diego, CA 92123</b>	-	DATE INCURRED: <b>12/2007</b> CONSIDERATION: <b>Unknown Loan Type</b> REMARKS: <b>Collection</b>				<b>\$1,240.00</b>
<b>Subtotal &gt;</b>						<b>\$5,578.00</b>
<b>Total &gt;</b>						
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

Sheet no. **7** of **9** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

In re **Jacqueline S Moras**Case No. \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>48222722</b> <b>NCO - Medclr</b> <b>507 Prudential Rd</b> <b>Horsham, PA 19044</b>	-	DATE INCURRED: <b>12/2008</b> CONSIDERATION: <b>Unknown Loan Type</b> REMARKS: <b>Collection</b> <b>Account Closed</b>				<b>\$539.00</b>
ACCT #: <b>NCO - PHILADELPHIA</b> <b>P.O. BOX 8148</b> <b>PHILADELPHIA, PA 19101-8148</b>	-	DATE INCURRED: CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$1,693.00</b>
ACCT #: <b>3274914560</b> <b>Northwest Collectors</b> <b>3601 Algonquin Rd Ste 23</b> <b>Rolling Meadows, IL 60008</b>	-	DATE INCURRED: <b>03/2008</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS: <b>Collection</b>				<b>\$718.00</b>
ACCT #: <b>850005151</b> <b>Peoples Gas</b> <b>C/O Bankruptcy Department</b> <b>130 E. Randolph Drive</b> <b>Chicago, IL 60602</b>	-	DATE INCURRED: <b>07/10/2008</b> CONSIDERATION: <b>Agriculture</b> REMARKS:				<b>\$462.00</b>
ACCT #: <b>RESURGENT CAPITAL SVCS</b> <b>P.O. BOX 10587 CASHIERING</b> <b>GREENVILLE, SC 29603-0587</b>	-	DATE INCURRED: CONSIDERATION: <b>balance on account</b> REMARKS:				<b>\$279.00</b>
ACCT #: <b>504994812803</b> <b>Sears/cbsd</b> <b>701 East 60th St N</b> <b>Sioux Falls, SD 57117</b>	-	DATE INCURRED: <b>04/1997</b> CONSIDERATION: <b>Charge Account</b> REMARKS:				<b>\$3,643.00</b>
Sheet no. <b>8</b> of <b>9</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$7,334.00</b>
<b>Total &gt;</b> (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

B6F (Official Form 6F) (12/07) - Cont.

In re **Jacqueline S Moras**Case No. \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>435237759534</b> <b>Tnb-visa</b> <b>PO Box 9475</b> <b>Minneapolis, MN 55440</b>	-	DATE INCURRED: <b>11/2000</b> CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$2,490.00</b>
ACCT #: <b>21627939</b> <b>United Collect Bur Inc</b> <b>5620 Southwyck Blvd Ste</b> <b>Toledo, OH 43614</b>	-	DATE INCURRED: <b>03/2008</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS: <b>Collection</b>				<b>\$344.00</b>
ACCT #: <b>600430091137</b> <b>Us Bank/na Nd</b> <b>Attn: Bankruptcy Dept</b> <b>PO Box 5229</b> <b>Cincinnati, OH 45201</b>	-	DATE INCURRED: <b>11/1999</b> CONSIDERATION: <b>notice only</b> REMARKS: <b>Transferred to another lender</b>				<b>Unknown</b>
ACCT #: <b>Waukegan Clinic Corporation</b> <b>200 S. Greenleaf Ste A</b> <b>Gurnee, IL 60031-3398</b>	-	DATE INCURRED: CONSIDERATION: <b>MEDICAL/DENTAL</b> REMARKS:				<b>\$1,429.00</b>
Sheet no. <b>9</b> of <b>9</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$4,263.00</b>
						<b>Total &gt;</b> <b>\$142,932.84</b>

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6G (Official Form 6G) (12/07)  
In re **Jacqueline S Moras**

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases of contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.



B6H (Official Form 6H) (12/07)  
In re **Jacqueline S Moras**

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

B6I (Official Form 6I) (12/07)

In re **Jacqueline S Moras**Case No. \_\_\_\_\_  
(if known)**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly

Debtor's Marital Status:  <b>Single</b>	<b>Dependents of Debtor and Spouse</b>	
	Relationship(s):  Age(s):	Relationship(s):  Age(s):
<b>Employment:</b>		
	<b>Debtor</b>	<b>Spouse</b>
Occupation	Self Employed	
Name of Employer	J.R.M Designs	
How Long Employed	35 yrs	
Address of Employer	107 Dickinson Ct Vernon Hills, IL 60061	

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)
2. Estimate monthly overtime
3. SUBTOTAL

**DEBTOR****SPOUSE**

\$500.00

\$0.00

**\$500.00**

## 4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes (includes social security tax if b. is zero)
- b. Social Security Tax
- c. Medicare
- d. Insurance
- e. Union dues
- f. Retirement
- g. Other (Specify) \_\_\_\_\_
- h. Other (Specify) \_\_\_\_\_
- i. Other (Specify) \_\_\_\_\_
- j. Other (Specify) \_\_\_\_\_
- k. Other (Specify) \_\_\_\_\_

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

## 5. SUBTOTAL OF PAYROLL DEDUCTIONS

**\$0.00**

## 6. TOTAL NET MONTHLY TAKE HOME PAY

**\$500.00**

7. Regular income from operation of business or profession or farm (Attach detailed stmt)
8. Income from real property
9. Interest and dividends
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above
11. Social security or government assistance (Specify):

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

## 12. Pension or retirement income

## 13. Other monthly income (Specify):

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

\$0.00

\$0.00

\$0.00

## 14. SUBTOTAL OF LINES 7 THROUGH 13

**\$0.00**

## 15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

**\$500.00**

## 16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

**\$500.00**

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

## 17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

None.

B6J (Official Form 6J) (12/07)

IN RE: **Jacqueline S Moras**

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures

1. Rent or home mortgage payment (include lot rented for mobile home) a. Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No b. Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$2,236.45
2. Utilities: a. Electricity and heating fuel b. Water and sewer c. Telephone d. Other: cable, tel, internet	\$270.00 \$60.00  \$100.00
3. Home maintenance (repairs and upkeep)	\$50.00
4. Food	\$200.00
5. Clothing	\$45.00
6. Laundry and dry cleaning	
7. Medical and dental expenses	\$586.00
8. Transportation (not including car payments)	\$200.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	
10. Charitable contributions	
11. Insurance (not deducted from wages or included in home mortgage payments) a. Homeowner's or renter's b. Life c. Health d. Auto e. Other:	
12. Taxes (not deducted from wages or included in home mortgage payments) Specify:	
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto: b. Other: c. Other: Personal Grooming d. Other: Postage	\$10.00 \$15.00
14. Alimony, maintenance, and support paid to others: 15. Payments for support of add'l dependents not living at your home: 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17.a. Other: 17.b. Other:	
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	<b>\$3,772.45</b>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: <b>None.</b>	
20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above c. Monthly net income (a. minus b.)	\$500.00 \$3,772.45 (\$3,272.45)

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION (CHICAGO)**

In re **Jacqueline S Moras**

Case No.

Chapter **7**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$260,000.00		
B - Personal Property	Yes	4	\$2,500.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1			\$219,307.00
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1			\$0.00
F - Creditors Holding Unsecured Nonpriority Claims	Yes	10			\$142,932.84
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			
J - Current Expenditures of Individual Debtor(s)	Yes	1			
TOTAL		22	\$262,500.00	\$362,239.84	

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION (CHICAGO)**

In re **Jacqueline S Moras**

Case No.

Chapter **7**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.

§ 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	<b>\$0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	<b>\$0.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	<b>\$0.00</b>
Student Loan Obligations (from Schedule F)	<b>\$0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	<b>\$0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	<b>\$0.00</b>
<b>TOTAL</b>	<b>\$0.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	<b>\$500.00</b>
Average Expenses (from Schedule J, Line 18)	<b>\$3,772.45</b>
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	<b>\$250.00</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		<b>\$0.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	<b>\$0.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		<b>\$0.00</b>
4. Total from Schedule F		<b>\$142,932.84</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		<b>\$142,932.84</b>

In re **Jacqueline S Moras**

Case No. \_\_\_\_\_  
(if known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**  
**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ **24** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **03/30/2009** \_\_\_\_\_

Signature **/s/ Jacqueline S Moras**  
**Jacqueline S Moras**

Date \_\_\_\_\_

Signature \_\_\_\_\_

[If joint case, both spouses must sign.]

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**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS**  
**EASTERN DIVISION (CHICAGO)**

In re: **Jacqueline S Moras**Case No. \_\_\_\_\_  
(if known)

## STATEMENT OF FINANCIAL AFFAIRS

### 1. Income from employment or operation of business

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income.)

AMOUNT	SOURCE
<b>\$2,000.00</b>	<b>2009 \$2000 Income from business</b>
	<b>2008 No Business Income</b>
	<b>2007 \$43,000 Income from business</b>

### 2. Income other than from employment or operation of business

None

☒

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse

### 3. Payments to creditors

**Complete a. or b., as appropriate, and c.**

None

☒

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account

None

☒

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support

None

☒

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both

### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

☐

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<b>Citibank (South Dakota) v Jacqueline MORas 09SC 1688</b>	<b>Contract</b>	<b>Circuit Court of the 19th Judicial Circuit Lake County IL</b>	<b>pending</b>
<b>Citibank South Dakota v. Jacqueline S. Moras 09SC1829</b>	<b>Contract</b>	<b>Circuit Court of the 19th Judicial Circuit Lake County IL</b>	<b>pending</b>

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**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS**  
**EASTERN DIVISION (CHICAGO)**

In re: **Jacqueline S Moras**Case No. \_\_\_\_\_  
(if known)**STATEMENT OF FINANCIAL AFFAIRS***Continuation Sheet No. 1*

**Midland Credit Management,  
Inc. v. Jacqueline Moras Case  
NO 09SC 2742**

**Contract**

**Circuit Court of the  
19th Judicial Circuit  
Lake County IL**

**pending**

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning

**5. Repossessions, foreclosures and returns**

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must

**6. Assignments and receiverships**

None



a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a

None



b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property

**7. Gifts**

None



List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100

**8. Losses**

None



List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both

**9. Payments related to debt counseling or bankruptcy**

None



List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the

**NAME AND ADDRESS OF PAYEE**  
**Harold M. Saalfeld, Attorney at Law**  
**25 N. County Street, Suite 2R**  
**Waukegan, IL 60085**

**DATE OF PAYMENT,**  
**NAME OF PAYER IF**  
**OTHER THAN DEBTOR**  
**2009**

**AMOUNT OF MONEY OR DESCRIPTION**  
**AND VALUE OF PROPERTY**  
**\$1500 by installments**



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**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS**  
**EASTERN DIVISION (CHICAGO)**

In re: **Jacqueline S Moras**Case No. \_\_\_\_\_  
(if known)

**STATEMENT OF FINANCIAL AFFAIRS**  
*Continuation Sheet No. 2*

---

**10. Other transfers**

None



a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or

None



---

**11. Closed financial accounts**

None



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations,

---

**12. Safe deposit boxes**

None



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or

---

**13. Setoffs**

None



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether

---

**14. Property held for another person**

None



List all property owned by another person that the debtor holds or controls.

---

**15. Prior address of debtor**

None



If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address

---

**16. Spouses and Former Spouses**

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the

Document Page 34 of 52  
**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS**  
**EASTERN DIVISION (CHICAGO)**

In re: **Jacqueline S Moras**Case No. \_\_\_\_\_  
(if known)

**STATEMENT OF FINANCIAL AFFAIRS**  
*Continuation Sheet No. 3*

**17. Environmental Information**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is

**18. Nature, location and name of business**

None ☐ a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six

**NAME, ADDRESS, AND LAST FOUR DIGITS OF  
 SOCIAL-SECURITY OR OTHER INDIVIDUAL  
 TAXPAYER-I.D. NO. (ITIN) / COMPLETE EIN**

**NATURE OF BUSINESS**  
 Custom Draperies

**BEGINNING AND ENDING  
 DATES**  
 1970 to present

**Jacqueline Moras  
 d/b/a J.R. Designs  
 107 Dickinson Ct  
 Vernon Hills, IL 60061**

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. §

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION (CHICAGO)**In re: **Jacqueline S Moras**Case No. \_\_\_\_\_  
(if known)**STATEMENT OF FINANCIAL AFFAIRS**  
*Continuation Sheet No. 4*

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

**19. Books, records and financial statements**

None

☐

a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the

**NAME AND ADDRESS****DATES SERVICES RENDERED**

**Jacqueline Moras**  
**d/b/a J.R. Designs**  
**107 Dickinson Ct**  
**Vernon Hills, IL 60061**

None

☒

b. List all firms or individuals who within two years immediately preceding the filing of this bankruptcy case have audited the books of account

None

☐

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the

**NAME****ADDRESS**

**Jacqueline Moras**  
**d/b/a J.R. Designs**  
**107 Dickinson Ct**  
**Vernon Hills, IL 60061**

None

☒

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by

**20. Inventories**

None

☐

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the

**DATE OF INVENTOR**  
**8/08**

**INVENTORY SUPERVISOR**  
**Jacqueline Moras**  
**d/b/a J.R. Designs**  
**107 Dickinson Ct**  
**Vernon Hills, IL 60061**

**DOLLAR AMOUNT OF INVENTORY**  
**(Specify cost, market or other basis)**  
**\$1000 in 8/08**

None

☒

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

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**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS**  
**EASTERN DIVISION (CHICAGO)**

In re: **Jacqueline S Moras**Case No. \_\_\_\_\_  
(if known)

**STATEMENT OF FINANCIAL AFFAIRS**  
*Continuation Sheet No. 5*

**21. Current Partners, Officers, Directors and Shareholders**

None



a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

None



b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or

**22. Former partners, officers, directors and shareholders**

None



a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement

None



b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately

**23. Withdrawals from a partnership or distributions by a corporation**

None



If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the

**24. Tax Consolidation Group**

None



If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the

**25. Pension Funds**

None



If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six years immediately preceding the commencement of the case.

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date **03/30/2009**Signature **/s/ Jacqueline S Moras**  
of Debtor **Jacqueline S Moras**

Date \_\_\_\_\_

Signature \_\_\_\_\_  
of Joint Debtor  
(if any)

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION (CHICAGO)**

IN RE: **Jacqueline S Moras**

CASE NO

CHAPTER **7**

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

PART A -- Debts secured by property of the estate. (Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

**None**

PART B -- Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

**None**

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date **03/30/2009** \_\_\_\_\_

Signature **/s/ Jacqueline S Moras**  
**Jacqueline S Moras**

Date \_\_\_\_\_

Signature \_\_\_\_\_

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**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS**  
**EASTERN DIVISION (CHICAGO)**

IN RE: **Jacqueline S Moras**

## **NOTICE TO INDIVIDUAL CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a JOINT CASE (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

### **1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days BEFORE the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

### **2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

#### **Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

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**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS**  
**EASTERN DIVISION (CHICAGO)**

IN RE: **Jacqueline S Moras**

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income**  
**(\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

**Certificate of Compliance with § 342(b) of the Bankruptcy Code**

I, **HAROLD M. SAALFELD**, counsel for Debtor(s), hereby certify that I delivered to the Debtor(s) the Notice required by § 342(b) of the Bankruptcy Code.

**/s/ HAROLD M. SAALFELD**

HAROLD M. SAALFELD, Attorney for Debtor(s)

Bar No.: 6231257

Harold M. Saalfeld, Attorney at Law

25 N. County Street, Suite 2R

Waukegan, IL 60085-4342

Phone: (847) 249-7538

Fax: (847) 406-5032

E-Mail: haroldsaalfeld@yahoo.com

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**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS**  
**EASTERN DIVISION (CHICAGO)**

IN RE: **Jacqueline S Moras****Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

**Jacqueline S Moras****X /s/ Jacqueline S Moras****03/30/2009**

Signature of Debtor

Date

Printed Name(s) of Debtor(s)

**X**

Case No. (if known) \_\_\_\_\_

Signature of Joint Debtor (if any)

Date



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**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS**  
**EASTERN DIVISION (CHICAGO)**

IN RE: **Jacqueline S Moras**

CASE NO

CHAPTER **7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept:	<b>\$1,500.00</b>
Prior to the filing of this statement I have received:	<b>\$371.00</b>
Balance Due:	<b>\$1,129.00</b>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**03/30/2009**

*Date*

**/s/ HAROLD M. SAALFELD**

**HAROLD M. SAALFELD**

Harold M. Saalfeld, Attorney at Law

25 N. County Street, Suite 2R

Waukegan, IL 60085-4342

Phone: (847) 249-7538 / Fax: (847) 406-5032

Bar No. 6231257

**/s/ Jacqueline S Moras**

**Jacqueline S Moras**

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**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION (CHICAGO)**

IN RE: **Jacqueline S Moras**

CASE NO

CHAPTER **7**

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 03/30/2009

Signature **/s/ Jacqueline S Moras**  
***Jacqueline S Moras***

Date \_\_\_\_\_

Signature \_\_\_\_\_

ADVOCATE GOOD SHEPHERD HOSPITAL  
P.O. Box 70014  
CHICAGO, IL 60673-0014

Blitt & Gaines, P.C.  
661 W. Glenn Avenue  
Wheeling, IL 60090

CONSOLIDATED PATHOLOGY CONSULTANTS  
75 REMITTANCE DR STE 1895  
CHICAGO IL 60675-1895

Affiliated Group  
P.O. Box 7739  
Rochester, MN 55903

Capital 1 Bank  
Attn: C/O TSYS Debt Management  
PO Box 5155  
Norcross, GA 30091

Dr. Ellen Tylkin  
708 Florsheim  
Libertyville, IL 60048

Alpine Family Physicians  
350 Surryse Rd, Ste 100  
Lake Zurich, IL 60047

Certified Services Inc  
PO Box 177  
Waukegan, IL 60079

Dr. Josep Deymerjian MD  
7505 W. Grand Av  
Gurnee, IL 60031

ANESTHESIA CONSULTANTS LTD  
34121 EAGLE WAY  
CHICAGO, IL 60678-1241

Citi  
Po Box 6241  
Sioux Falls, SD 57117

Dr. Mila & John Kyncl  
700 S. Lewis Av, Ste 210  
Waukegan, IL 60085

Arrow Financial Services  
5996 W Touhy Ave  
Niles, IL 60714

Citi Mortgage Inc  
Attention: Bankruptcy Department  
PO Box 79022, MS322  
St. Louis, MO 63179

Dr. Mohina Gupta  
1870 West Winchester Road Suite 248  
Libertyville, IL 60048

Bac / Fleet Bankcard  
PO Box 26012  
Greensboro, NC 27420

CITICARDS  
P.O. BOX 688919  
DES MOINES, IA 50368-8901

Federated Fin Corp Of  
30955 Northwestern Hwy  
Farmington Hills, MI 48334

Bank Of America  
NC4-105-03-14  
4161 Piedmont Pkwy  
Greensboro, NC 27420

CITICARDS  
P.O. BOX 688901  
DES MOINES, IA 50368-8901

Ffcc-columbus Inc  
1550 Old Henderson Rd St  
Columbus, OH 43220

Best Practices  
P.O. Box 268  
Lake Zurich, IL 60047

CITICARDS  
P.O. BOX 6413  
THE LAKES, NV 88901

First Consumers Natl B  
9300 Sw Gemini Dr  
Beaverton, OR 97078

BLATT, HASENMILLER LEIBSKER & MOORE CONDELL HOSPITAL  
125 S. WACKER DR. SUITE 400 755 S. MILWAUKEE AV, Suite 127  
CHICAGO, IL 60606 LIBERTYVILLE IL 60048

Gemb/jcp  
Attention: Bankruptcy  
PO Box 103106  
Roswell, GA 30076

GOOD SHEPHERD HOSPITAL  
450 W. HIGHWAY 22  
Barrington, IL 60010

Lake Forest ER Physicians  
c/o Malcolm S. Gerald & Assoc  
332 S. Michigan Av Ste 600  
Chicago, IL 60604

Peoples Gas  
C/O Bankruptcy Department  
130 E. Randolph Drive  
Chicago, IL 60602

HOME DEPOT CREDIT SERVICES / CITI Lord & Taylor  
PROCESSING CENTER  
DES MOINES, IA 50364-0500

RESURGENT CAPITAL SVCS  
P.O. BOX 10587 CASHIERING  
GREENVILLE, SC 29603-0587

Hsbc Bank  
ATTN: BANKRUPTCY  
PO BOX 5253  
Carol Stream, IL 60197

Lvnv Funding Llc  
Po Box 740281  
Houston, TX 77274

Sears/cbsd  
701 East 60th St N  
Sioux Falls, SD 57117

Hsbc/carsn  
Po Box 15524  
Wilmington, DE 19850

Macys/fdsb  
Macy's Bankruptcy  
PO Box 8053  
Mason, OH 45040

Tnb-visa  
PO Box 9475  
Minneapolis, MN 55440

ICS  
P.O. BOX 646  
OAK LAWN IL 60454-0646

MEDICAL BUSINESS BUREAU  
1175 DEVIN DR, STE 171  
NORTON SHORES, MI 49441

United Collect Bur Inc  
5620 Southwyck Blvd Ste  
Toledo, OH 43614

ILLINOIS DEPARTMENT OF REVENUE  
100 W. RANDOLPH  
BANKRUPTCY SECTION LEVEL 7-425  
CHICAGO, IL 60601

Midland Credit Mgmt  
8875 Aero Dr Ste 200  
San Diego, CA 92123

Us Bank/na Nd  
Attn: Bankruptcy Dept  
PO Box 5229  
Cincinnati, OH 45201

INIFNITY HEALTHCARE  
9933 N. Lawler, Suite 512  
Skokie, IL 60077

NCO - Medclr  
507 Prudential Rd  
Horsham, PA 19044

Waukegan Clinic Corporation  
200 S. Greenleaf Ste A  
Gurnee, IL 60031-3398

INTERNAL REVENUE SERVICE  
MAIL STOP 5010 CHI  
230 S DEARBORN  
CHICAGO IL 60604

NCO - PHILADELPHIA  
P.O. BOX 8148  
PHILADELPHIA, PA 19101-8148

Jacqueline S Moras  
107 Dickinson Ct  
Vernon Hills, IL 60061

Northwest Collectors  
3601 Algonquin Rd Ste 23  
Rolling Meadows, IL 60008

**B22A (Official Form 22A) (Chapter 7) (12/08)**  
 In re: **Jacqueline S Moras**

Case Number:

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According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):

- ☐ **The presumption arises.**  
☒ **The presumption does not arise.**  
☐ **The presumption is temporarily inapplicable.**

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

Part I. MILITARY AND NON-CONSUMER DEBTORS	
1A	<p><b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part 1A, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Declaration of Disabled Veteran.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>
1B	<p><b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Declaration of non-consumer debts.</b> By checking this box, I declare that my debts are not primarily consumer debts.</p>
1C	<p><b>Reservists and National Guard Members; active duty or homeland defense activity.</b> Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. <b>During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</b></p> <p><input type="checkbox"/> <b>Declaration of Reservists and National Guard Members.</b> By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or National Guard</p> <p>a. <input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and  <input type="checkbox"/> I remain on active duty /or/  <input type="checkbox"/> I was released from active duty on _____, which is less than 540 days before this bankruptcy case was filed;</p> <p>OR</p> <p>b. <input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/  <input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on _____, which is less than 540 days before this bankruptcy case was filed.</p>

## B22A (Official Form 22A) (Chapter 7) (12/08)

**Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION**

<b>2</b>	<p><b>Marital/filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed.</p> <p>a. <input checked="" type="checkbox"/> Unmarried. <b>Complete only Column A ("Debtor's Income") for Lines 3-11.</b></p> <p>b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code."</p> <p><b>Complete only Column A ("Debtor's Income") for Lines 3-11.</b></p> <p>c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</b></p> <p>d. <input type="checkbox"/> Married, filing jointly. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</b></p>												
	<p>All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.</p>		<b>Column A</b>  <b>Debtor's Income</b>	<b>Column B</b>  <b>Spouse's Income</b>									
<b>3</b>	<b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>		<b>\$0.00</b>										
<b>4</b>	<p><b>Income from the operation of a business, profession, or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. <b>Do not include any part of the business expenses entered on Line b as a deduction in Part V.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 75%;">Gross receipts</td> <td style="width: 20%; text-align: right;">\$250.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary business expenses</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>c.</td> <td>Business income</td> <td>Subtract Line b from Line a</td> </tr> </table>		a.	Gross receipts	\$250.00	b.	Ordinary and necessary business expenses	\$0.00	c.	Business income	Subtract Line b from Line a	<b>\$250.00</b>	
a.	Gross receipts	\$250.00											
b.	Ordinary and necessary business expenses	\$0.00											
c.	Business income	Subtract Line b from Line a											
<b>5</b>	<p><b>Rent and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. <b>Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 75%;">Gross receipts</td> <td style="width: 20%; text-align: right;">\$0.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary operating expenses</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>c.</td> <td>Rent and other real property income</td> <td>Subtract Line b from Line a</td> </tr> </table>		a.	Gross receipts	\$0.00	b.	Ordinary and necessary operating expenses	\$0.00	c.	Rent and other real property income	Subtract Line b from Line a	<b>\$0.00</b>	
a.	Gross receipts	\$0.00											
b.	Ordinary and necessary operating expenses	\$0.00											
c.	Rent and other real property income	Subtract Line b from Line a											
<b>6</b>	<b>Interest, dividends, and royalties.</b>		<b>\$0.00</b>										
<b>7</b>	<b>Pension and retirement income.</b>		<b>\$0.00</b>										
<b>8</b>	<p><b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.</p>		<b>\$0.00</b>										
<b>9</b>	<p><b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="width: 10%; text-align: center;">Debtor <b>\$0.00</b></td> <td style="width: 45%; text-align: center;">Spouse</td> </tr> </table>		Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor <b>\$0.00</b>	Spouse	<b>\$0.00</b>							
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor <b>\$0.00</b>	Spouse											
<b>10</b>	<p><b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. <b>Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance.</b> Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 60%;"></td> <td style="width: 35%;"></td> </tr> <tr> <td>b.</td> <td></td> <td></td> </tr> </table> <p>Total and enter on Line 10</p>		a.			b.			<b>\$0.00</b>				
a.													
b.													

**B22A (Official Form 22A) (Chapter 7) (12/08)**

11	<b>Subtotal of Current Monthly Income for § 707(b)(7).</b> Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	<b>\$250.00</b>	
12	<b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	<b>\$250.00</b>	

**Part III. APPLICATION OF § 707(b)(7) EXCLUSION**

13	<b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the amount from Line 12 by the number 12 and enter the result.	<b>\$3,000.00</b>
14	<b>Applicable median family income.</b> Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  a. Enter debtor's state of residence: <u>Illinois</u> b. Enter debtor's household size: <u>1</u>	<b>\$45,604.00</b>
15	<b>Application of Section 707(b)(7).</b> Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> <b>The amount on Line 13 is less than or equal to the amount on Line 14.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII. <input type="checkbox"/> <b>The amount on Line 13 is more than the amount on Line 14.</b> Complete the remaining parts of this statement.	

**Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)****Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)**

16	<b>Enter the amount from Line 12.</b>	
17	<b>Marital adjustment.</b> If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.	
	a.	
	b.	
	c.	
	Total and enter on line 17.	
18	<b>Current monthly income for § 707(b)(2).</b> Subtract Line 17 from Line 16 and enter the result.	

**Part V. CALCULATION OF DEDUCTIONS FROM INCOME****Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)**

19A	<b>National Standards: food, clothing and other items.</b> Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)																										
19B	<b>National Standards: health care.</b> Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.																										
	<table border="1"> <thead> <tr> <th colspan="3">Household members under 65 years of age</th> <th colspan="3">Household members 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td>a1.</td> <td>Allowance per member</td> <td></td> <td>a2.</td> <td>Allowance per member</td> <td></td> </tr> <tr> <td>b1.</td> <td>Number of members</td> <td></td> <td>b2.</td> <td>Number of members</td> <td></td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td></td> <td>c2.</td> <td>Subtotal</td> <td></td> </tr> </tbody> </table>		Household members under 65 years of age			Household members 65 years of age or older			a1.	Allowance per member		a2.	Allowance per member		b1.	Number of members		b2.	Number of members		c1.	Subtotal		c2.	Subtotal		
Household members under 65 years of age			Household members 65 years of age or older																								
a1.	Allowance per member		a2.	Allowance per member																							
b1.	Number of members		b2.	Number of members																							
c1.	Subtotal		c2.	Subtotal																							

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<b>20A</b>	<b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)										
<b>20B</b>	<b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. DO NOT ENTER AN AMOUNT LESS THAN ZERO.										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 75%;">IRS Housing and Utilities Standards; mortgage/rental expense</td><td style="width: 20%;"></td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td><td></td></tr> <tr> <td style="text-align: center;">c.</td><td>Net mortgage/rental expense</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Housing and Utilities Standards; mortgage/rental expense		b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42		c.	Net mortgage/rental expense	Subtract Line b from Line a.	
a.	IRS Housing and Utilities Standards; mortgage/rental expense										
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42										
c.	Net mortgage/rental expense	Subtract Line b from Line a.									
<b>21</b>	<b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:										
<b>22A</b>	<b>Local Standards: transportation; vehicle operation/public transportation expense.</b> You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.  Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.  If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)										
<b>22B</b>	<b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)										
<b>23</b>	<b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. DO NOT ENTER AN AMOUNT LESS THAN ZERO.										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 75%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 20%;"></td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td><td></td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs		b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42		c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	
a.	IRS Transportation Standards, Ownership Costs										
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42										
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.									



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24	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 23.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. DO NOT ENTER AN AMOUNT LESS THAN ZERO.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 65%;">IRS Transportation Standards, Ownership Costs</td> <td style="width: 30%;"></td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td> <td></td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td>Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs		b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42		c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	
a.	IRS Transportation Standards, Ownership Costs										
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42										
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.									
25	<p><b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. DO NOT INCLUDE REAL ESTATE OR SALES TAXES.</p>										
26	<p><b>Other Necessary Expenses: involuntary deductions for employment.</b> Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. DO NOT INCLUDE DISCRETIONARY AMOUNTS, SUCH AS VOLUNTARY 401(K) CONTRIBUTIONS.</p>										
27	<p><b>Other Necessary Expenses: life insurance.</b> Enter total average monthly premiums that you actually pay for term life insurance for yourself. DO NOT INCLUDE PREMIUMS FOR INSURANCE ON YOUR DEPENDENTS, FOR WHOLE LIFE OR FOR ANY OTHER FORM OF INSURANCE.</p>										
28	<p><b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. DO NOT INCLUDE PAYMENTS ON PAST DUE OBLIGATIONS INCLUDED IN LINE 44.</p>										
29	<p><b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.</p>										
30	<p><b>Other Necessary Expenses: childcare.</b> Enter the total average monthly amount that you actually expend on childcare--such as baby-sitting, day care, nursery and preschool. DO NOT INCLUDE OTHER EDUCATIONAL PAYMENTS.</p>										
31	<p><b>Other Necessary Expenses: health care.</b> Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. DO NOT INCLUDE PAYMENTS FOR HEALTH INSURANCE OR HEALTH SAVINGS ACCOUNTS LISTED IN LINE 34.</p>										
32	<p><b>Other Necessary Expenses: telecommunication services.</b> Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service--such as pagers, call waiting, caller id, special long distance, or internet service--to the extent necessary for your health and welfare or that of your dependents. DO NOT INCLUDE ANY AMOUNT PREVIOUSLY DEDUCTED.</p>										
33	<p><b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 19 through 32.</p>										
<p><b>Subpart B: Additional Living Expense Deductions</b> <b>Note: Do not include any expenses that you have listed in Lines 19-32</b></p>											
34	<p><b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 65%;">Health Insurance</td> <td style="width: 30%;"></td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Disability Insurance</td> <td></td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Health Savings Account</td> <td></td> </tr> </table> <p>Total and enter on Line 34</p> <p>IF YOU DO NOT ACTUALLY EXPEND THIS TOTAL AMOUNT, state your actual total average monthly expenditures in the space below:</p> <p>_____</p>	a.	Health Insurance		b.	Disability Insurance		c.	Health Savings Account		
a.	Health Insurance										
b.	Disability Insurance										
c.	Health Savings Account										

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35	<b>Continued contributions to the care of household or family members.</b> Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	
36	<b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	
37	<b>Home energy costs.</b> Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.	
38	<b>Education expenses for dependent children less than 18.</b> Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST EXPLAIN WHY THE AMOUNT CLAIMED IS REASONABLE AND NECESSARY AND NOT ALREADY ACCOUNTED FOR IN THE IRS STANDARDS.	
39	<b>Additional food and clothing expense.</b> Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.	
40	<b>Continued charitable contributions.</b> Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	
41	<b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 34 through 40.	

**Subpart C: Deductions for Debt Payment**

42	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.			
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?
	a.			<input type="checkbox"/> yes <input type="checkbox"/> no
	b.			<input type="checkbox"/> yes <input type="checkbox"/> no
	c.			<input type="checkbox"/> yes <input type="checkbox"/> no
			Total: Add Lines a, b and c.	

  

43	<b>Other payments on secured claims.</b> If any of the debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.		
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount
	a.		
	b.		
	c.		
			Total: Add Lines a, b and c

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44	<b>Payments on prepetition priority claims.</b> Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. DO NOT INCLUDE CURRENT OBLIGATIONS, SUCH AS THOSE SET OUT IN LINE 28.		
45	<b>Chapter 13 administrative expenses.</b> If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.		
	a.	Projected average monthly chapter 13 plan payment.	
	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	%
	c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b
46	<b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.		
<b>Subpart D: Total Deductions from Income</b>			
47	<b>Total of all deductions allowed under § 707(b)(2).</b> Enter the total of Lines 33, 41, and 46.		
<b>Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION</b>			
48	<b>Enter the amount from Line 18 (Current monthly income for § 707(b)(2))</b>		
49	<b>Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))</b>		
50	<b>Monthly disposable income under § 707(b)(2).</b> Subtract Line 49 from Line 48 and enter the result.		
51	<b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.		
52	<b>Initial presumption determination.</b> Check the applicable box and proceed as directed. <input type="checkbox"/> <b>The amount on Line 51 is less than \$6,575.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. <input type="checkbox"/> <b>The amount set forth on Line 51 is more than \$10,950.</b> Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. <input type="checkbox"/> <b>The amount on Line 51 is at least \$6,575, but not more than \$10,950.</b> Complete the remainder of Part VI (Lines 53 through 55).		
53	<b>Enter the amount of your total non-priority unsecured debt</b>		
54	<b>Threshold debt payment amount.</b> Multiply the amount in Line 53 by the number 0.25 and enter the result.		
55	<b>Secondary presumption determination.</b> Check the applicable box and proceed as directed. <input type="checkbox"/> <b>The amount on Line 51 is less than the amount on Line 54.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. <input type="checkbox"/> <b>The amount on Line 51 is equal to or greater than the amount on Line 54.</b> Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.		

**B22A (Official Form 22A) (Chapter 7) (12/08)****Part VII: ADDITIONAL EXPENSE CLAIMS**

**Other Expenses.** List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

56

	Expense Description	Monthly Amount
a.		
b.		
c.		
Total: Add Lines a, b, and c		

**Part VIII: VERIFICATION**

I declare under penalty of perjury that the information provided in this statement is true and correct.  
(If this is a joint case, both debtors must sign.)

57

Date: 03/30/2009Signature: /s/ Jacqueline S Moras  
(Debtor)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Joint Debtor, if any)